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April 6, 2006

VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Assistant Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Patent Application No. 10/660,429

Dear Sir or Madam:

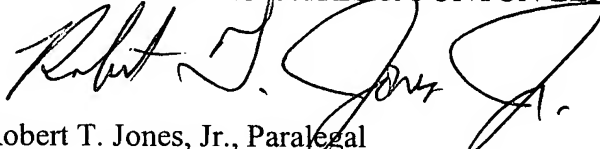
Enclosed please find a Revocation of Power of Attorney and new correspondent address relative to the above-referenced patent application. The following documents are enclosed:

- Revocation of Power of Attorney/PTO/SB/82 with statement;
- Check No. 110288 in the amount of \$40.00 for the fees as prescribed by 37 C.F.R. § 1.21(h).

If there are any questions about this submission, please contact me at (919) 781-4000.

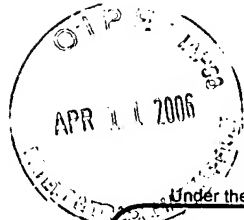
Very truly yours,

WYRICK ROBBINS YATES & PONTON LLP


Robert T. Jones, Jr., Paralegal

Enclosures

cc. John M. Fuscoe, Esq. (w/encls.)



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

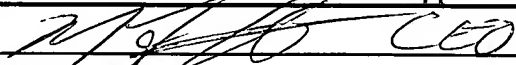
Application Number	10/660,429
Filing Date	09/12/2003
First Named Inventor	Michael F. Harris
Art Unit	
Examiner Name	Tina Mitchell
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Michael F. Harris				
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Country	United States of America				
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature					
Name	Michael F. Harris				
Date	3/21/06	Telephone	919-740-6213		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.